Vermont Tobacco Evaluation and Review Board

Community and School Programs Committee Meeting Tuesday, November 25, 2014 American Lung Association, Williston

DRAFT Minutes

Attendees: Cathy Hazlett (phone), Rebecca Ryan, Sarah Wylie, Eoana Sturges, Amy Brewer, Kate O'Neill

Youth Cessation Discussion Follow-Up

Sarah helped promote NOT program through school liaisons in VDH district offices as well as chronic disease designees.

Thinking through social media for cessation, we'd like to discuss with Rebecca Brooks.

802Quits website design is not currently set up to be directed toward or tailored toward youth. This can be part of the conversation - unique portals to help people access services.

brings up the question about youth cessation more generally - how do we want to approach it based upon our needs in Vermont and research on effective strategies.

ex: getting pediatric PCPs to ask about smoking status, to address tobacco use in every visit.

FL: promotes all three arms (like our 802Quits) actively to youth. RTI has evaluated FL on this and we have asked FL for the report to review.

We would like to move this conversation out of the schools and communities subcommittee and into the cessation.

Action: continue promoting NOT through district offices for this year, youth cessation topic moves to cessation sub-committee.

Action: Kate will talk with Greg McDonald, chair of cessation committee, about moving this conversation to the VTERB.

Success Story Follow-up: Compiling, Promoting

Sarah sent coalition success stories to coalition members. Will be posted on a rotating basis on the coalition website. For future success story collection, VDH and AOE could prompt grantees to report their successes throughout the year and this could count toward the annual reporting requirement with no need to wait until the end of each quarter or the annual reporting.

We'd like to use success stories better: such as with legislators, etc.

Kate would like to see the school grantees use the same CDC success story template for consistency purposes.

Smoke-free housing success stories too.

Looking to the Future: planning for comprehensive program

We would like to determine ways to get to our goals faster. How do we do our work best in order to get to our goals? How do we learn from FL/NY successes...

are there geographic coverage gaps?

what are we missing: ie: healthcare providers, what about school nurses? what can we do more of?

what can we do smarter?

Highlights from Florida's program: similar structure with much more funding. non-stop cessation media. a more robust technical assistance structure.

Discussion about how to determine equity of coverage. Sarah shared the community coalition GIS map

Could future school and community grant opportunities be a little more aligned?

Action: Sarah will share the Florida RTI reports.

Sarah shared that in conversation with district office staff in a strategic planning session they had last fall, sentiment that funding for communities should not be competitive. People want to see community coalitions and district offices and other community organizations working together in an integrated way.

When it works best: prevention professionals in every community, community organizations working together, health equity and disparities taken into account.

Recommendation: engage VTERB in the overall program planning process that VDH is undertaking.

Rebecca wants VTERB to strengthen its strategy around promoting need for tobacco prevention. Suggests we consider another presentation from Maine.

National tobacco managers call: Oregon lost significant amount of funding some years past. But the exercise they went through is to expand or maintain. VTERB needs to determine basic infrastructure, non-negotiable to make the program run.

But we really need to determine the best program necessary to achieve our goals. We have to be ready to provide a model that is the best. But we also need to be strategically ready to sustain future funding cuts.

VDH is engaging in strategic planning to determine how best to integrate and distribute prevention dollars and the schools and communities sub-committee will bring recommendation to VTERB to engage with them in that process.

Action: sub-committee will provide update to VTERB that they intend to work closely with VDH on

We want to figure out how to get different voices: local communities that want funding but haven't applied; schools that want to get more involved in prevention work, etc...

Hospitals are required to conduct community needs assessments. is there some way to capitalize on this?

Action: let's look in more detail on models from other states, look at youth data mapping, look at regions in our state that are doing great work, what other funding models work.

Action: Amy will schedule another meeting of this committee in January.